

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/510498

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15	1		1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24	1		1			
25			1			
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48						
49						
50						
TOTAL IND.	2		3			
TOTAL DEP.	22	↔	22	↔		
TOTAL CLAIMS	25	[REDACTED]	25	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔		
TOTAL CLAIMS		[REDACTED]		[REDACTED]		